

INDEPENDENT MEDICAL EXAMINER APPLICATION FOR APPOINTMENT

NEBRASKA WORKERS' COMPENSATION COURT STATE CAPITOL BUILDING P.O. BOX 98908 LINCOLN, NE 68509-8908

Address City or Town State Top Code Business Phone EDUCATION AND TRAINING Name & Location Phone Dates Prom To Major Degree Month/Year of degree College/University Degree De	Applicant's Name			10.10.10		
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College/University Medical School Osteopathic School Chiropractic School Other PROFESSION Specialty Subspecialty Type of practice How many years in practice? Location of practice (include multiple sites if applicable) Please list any experience or education concerning workers' compensation principles or the Nebraska workers' compensation system. Have you ever performed an Independent Medical Exam? Yes No If yes, how many years have you been performing IME's? What percentage of current practice is IME's? List any IME training you have attended. If appointed, what type of cases would you prefer be referred to you? Please identify any employer, insurer, attorney, employee group, managed care plan or representatives of any of these to whom you are under contract or who	Name & Location		Maior	Degree		
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INDEPENDENT MEDICAL EXAMINER - APPLICATION FOR APPOINTMENT

Nebraska State License #	ka State License # Tax 1.D. #		
List any other registrations, certification	s or licenses you possess (include bo	pard certification or board elig	ibility):
	WORK	HISTORY	
Present Employer		Telephone #:	From
Address			Supervisor's Name:
Your Title		· -	
Hospital affiliated with:		Telephone #:	
Hospital #1			From To
Address			Supervisor's Name:
Your Title			
Hospital #2		Telephone #:	From To
Address	<u> </u>		Supervisor's Name:
Your Title			
Hospital #3		Telephone #:	
		·	From To
Address			Supervisor's Name:
Your Title			
d objective medical findings in all cases will conduct an examination, if necessary ys following receipt of all necessary receivill accept the fees established pursuant through the Rule 62,E. have read and understand Rule 62 through comply with all of the provisions of the	that come before me. I will decline, within twenty-eight calendar days ords and information, the completion to Rule 65 as payment in full for serving Rule 66 of the Nebraska Workers' Case rules.	e a request to serve as an inde from notification of assignment of an examination, or the co- ices rendered as an independent Compensation Court which des	mpensation Court. I will provide independent, imparti- ependent medical examiner only for good cause show nt. I will submit a written report within seven calend mpletion of any required tests, whichever is applicabl nt medical examiner. I will submit to a review pursua cribe the independent medical examiner system. I agn
nereby attest that the information contain ay result in the rejection of my application	ed in this application is correct to the on or in my removal from the list if	e best of my knowledge and b I am appointed.	clief. I understand that false or misleading information
GNATURE			DATE